

REDUCTION IN FORCE ELECTION FORM

This form lists options related to bumping rights and participation in the Career Support Services Program following a notice of layoff. If you have any questions about this form, contact your Department Layoff Coordinator. **Please complete, sign and submit this form to your Department Layoff Coordinator within 10 business days of receipt.**

*** PLEASE PRINT CLEARLY OR TYPE ***	
Employee Instructions: 1. Fill out information below and check <u>appropriate boxes</u> . 2. Sign and date the bottom of this form. 3. Make a copy for your own records. 4. Within 10 business days , send a copy of this Election Form to the Department Layoff Coordinator identified in your layoff letter.	Department Layoff Coordinator Instructions: 1. Review the submitted form for completion. 2. Sign and date the bottom of this form. 3. Immediately email a scanned copy of the form to CareerSupportPrograms@kingcounty.gov or fax to 206-296-3904.
Employee Name:	Date of Layoff:
Job Title:	Department/Division:
Personal Email:	Union:
Home or Mobile Phone Number:	Office Phone Number:
BUMPING RIGHTS	
Please mark only one of these options.	
<input type="checkbox"/> I choose to exercise my bumping rights as provided in my collective bargaining agreement. I understand that I will be notified later of specific bumping options. <input type="checkbox"/> I choose to NOT exercise my bumping rights as provided in my collective bargaining agreement. <input type="checkbox"/> There are no bumping options .	
CAREER SUPPORT SERVICES (CSS) PROGRAM PARTICIPATION	
Please mark only one of these options.	
<input type="checkbox"/>	I choose to participate in the Career Support Services Program, attend the CSS orientation and meetings and complete the CSS skill assessment form BECAUSE (select from the options below): <input type="checkbox"/> My position is being eliminated as identified in my notice of layoff. <input type="checkbox"/> My hours are being reduced as identified in my notice of layoff. <input type="checkbox"/> My hours are being increased as identified in my notice of layoff . <input type="checkbox"/> I am interested in placement back to a comparable position ONLY IF my bumping or transfer in lieu of layoff option results in placement into a lower position or temporary position.
<input type="checkbox"/>	I choose to NOT participate in the Career Support Services Program at this time. I understand that I remain eligible to receive services from the Career Support Services Program for up to two years after the date of my layoff.
<input type="checkbox"/>	I choose to resign from my position effective on this date: _____, which is <i>prior</i> to my effective date of layoff. I understand that because this choice constitutes a resignation, I will NOT be eligible to participate in the Career Support Services Program.
<input type="checkbox"/>	I choose to retire effective on this date _____. I understand that I will NOT be eligible to participate in the Career Support Services Program.

Employee Signature

Date

Dept. Layoff Coordinator Signature

Date

King County Career Support Services

500 – 4th Ave. Room 553 | Seattle, WA 98104 | ADM-ES-0553

Susan Navetski: 206-477-3271 | Lili Stansberry: 206-477-3294 | Theresa Roscoe 206-477-3270

Email: CareerSupportPrograms@kingcounty.gov | <http://www.kingcounty.gov/employees/CareerSupport.aspx>